

## Appendix C: Participant Services

### Appendix C-1: Summary of Services Covered

- a. Waiver Services Summary.** Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Statutory Services (check each that applies)		
Service	Included	Alternate Service Title (if any)
Case Management	*	Family Supports Coordination (kids services only)
Homemaker	*	
Home Health Aide	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	
Adult Day Health	<input type="checkbox"/>	
Habilitation	*	
Residential Habilitation	*	
Day Habilitation	*	Includes all congregate work and senior day services
Expanded Habilitation Services as provided in 42 CFR §440.180(c):		
Prevocational Services	*	Prevocational services are bundled under day habilitation
Supported Employment	*	
Education	<input type="checkbox"/>	
Respite	*	
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	
Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	<input type="checkbox"/>	
Other Services (select one)		
<input type="radio"/>	Not applicable	
*	As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute ( <i>list each service by title</i> ):	
a.	Environmental Modifications/Adaptive Equipment	
b.	Transportation	

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c.	Private Duty Nursing	
d.	Respiratory Therapy	
e.	Dietician	
f.	Meals	
g.	<b>Note- This amendment request seeks to add : Adult Companion Services, Adult Foster Support, Community Transition Services, Residential Training Support and Assisted Living</b>	
h.		
i.		
<b>Extended State Plan Services (select one)</b>		
<input type="radio"/>	Not applicable	
*	The following extended State plan services are provided ( <i>list each extended State plan service by service title</i> ):	
a.	Physical Therapy	
b.	Occupational Therapy	
c.	Speech Therapy	
d.	Psychological Services	
e.	Personal Care	
f.		
<b>Supports for Participant Direction (select one)</b>		
<input type="radio"/>	The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.	
*	Not applicable	
Support	Included	Alternate Service Title (if any)
Information and Assistance in Support of Participant Direction	<input type="checkbox"/>	
Financial Management Services	<input type="checkbox"/>	
Other Supports for Participant Direction ( <i>list each support by service title</i> ):		
a.		
b.		
c.		

- b. Alternate Provision of Case Management Services to Waiver Participants.** When case management is not a covered waiver service, indicate how case management is furnished to waiver participants (*check each that applies*):

*	As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>
<input type="checkbox"/>	Not applicable – Case management is not furnished as a distinct activity to waiver participants. <i>Do not complete Item C-1-c.</i>

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Case management services to children in the waiver are provided by Family Support Specialists (FSS). The FSS is an employee of a private, non-profit corporation under contract with the Department. Children's case management is funded under the waiver and entitled Family Supports Coordination. This service is broader in scope than the Targeted Case Management service provided by adult services case managers (below).

Case management services to waiver participants in Department-funded adult services, aged 16 or older, are provided via Adult Targeted Case Management under the Montana State Plan. This is not a waiver-funded service. Adult TCM is an entitlement service.

A very few (less than 10, statewide) children residing in children's group home waiver funded services receive case management under Adult Targeted Case Management.

## Appendix C-2: General Service Specifications

- a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services-(*select one*):

*	<p><b>Yes.</b> Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):</p> <ul style="list-style-type: none"> <li>a. Name-based criminal background checks from the Montana Department of Justice are required for all persons who work with individuals funded by the DDP. The only exception to this requirement is that background checks are optional for providers of homemaker or respite services. In this case, the recipient or person acting on his behalf may choose to request a no-cost (to the recipient) criminal background check for persons providing these services.</li> <li>b. Name based criminal background checks are based on criminal records maintained by the Montana Department of Justice. This is a state level repository of criminal records.</li> <li>c. The Department's quality assurance process requires the DDP QIS to annually sample the corporation employee files for persons working directly with service recipients to ensure background checks are being completed. The frequency and scope of DDP's monitoring efforts increase in accordance with the 8/1/06 hiring practices policy (see below) when DDP-funded providers employ workers enrolled in Montana's Department of Corrections pre-release program. These requirements are outlined in the DDP Adult Quality Assurance Process effective 8/1/06.</li> <li>d. Persons served by the Butte Sheltered Workshop (BSW) will be informed, in writing, that pre-release staff may provide direct client services. These recipients will be offered the opportunity to port their resource allocation to a new provider. Service recipients and qualified persons acting on their behalf and not affiliated the provider will sign a statement indicating their choice to either accept services or to port their resource allocation. These documents will be reviewed as part of the DDP QA process.</li> </ul> <p>Note- DDP will be developing a statewide policy defining acceptable hiring practices related to background check outcomes resulting from QA activities. The policy will outline the steps taken by the DDP and the provider if problems are found during the on-going monitoring of background check outcomes. The policy will preclude the hiring of certain categories of workers who pose a health, safety or financial risk to recipients and others. This policy will become effective 8/1/06, and the QA document will be updated on or before 8/1/06 to reflect the new policy requirements.</p> <p>The pre-release program (see c. and d., above) applies only to BSW services in area of Butte, Montana. The requirements and safeguards pertaining to this program may be reviewed in Appendix N, an attachment to this waiver amendment request. At this time, DDP is implementing a phase out schedule for the prerelease program at BSW, whereby no new prerelease workers can be hired by BSW effective 7/10/06. On the day the last of the current pre-release workers terminate employment at BSW, no pre-release workers will have the opportunity to work at BSW under any circumstances.</p>
○	<b>No.</b> Criminal history and/or background investigations are not required.

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- b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

<input type="radio"/>	<b>Yes.</b> The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):
<input type="radio"/>	
*	<b>No.</b> The State does not conduct abuse registry screening.

- c. Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

<input type="radio"/>	<b>No.</b> Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
*	<b>Yes.</b> Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i – c.iii.</i>

- i. Types of Facilities Subject to §1616(e).** Complete the following table for *each type* of facility subject to §1616(e) of the Act:

Type of Facility	Waiver Service(s) Provided in Facility	Facility Capacity Limit
DD group home	Any approved waiver service as outlined in Section 3C, except respite, family supports coordination, homemaker, meals services, and companion services are not available in this setting.	Eight is the maximum.
Transitional living apartments, also known as “Supported Living, Congregate”	Any approved waiver service as outlined in Section 3C, except respite and family supports coordination are not available in this setting.	Two per apartment or discrete living unit.
Licensed Assisted Living A,B and C Beds	Any approved waiver service, except persons in assisted living may not receive personal care, homemaker, residential habilitation, residential training support, respite, meals or family supports coordination.	Space dependent, no limit on individuals served.
Licensed Adult Foster Home	Any approved waiver service as outlined in Section 3C except meals, homemaker and residential habilitation services. DDP will reimburse a foster home provider of adult foster supports for no more than two people with enhanced supervision/support needs, or, one person	No more than four persons with DD may reside in an adult foster home.

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	with intensive supervision and support needs.	

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- ii. Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Supported living apartments are excluded since these facilities do not share common living areas for persons. In the case of assisted living facilities, and group homes, the qualified provider application documents and PHHS Quality Assurance Division licensing standards ensure that a homelike character is maintained as a prerequisite for licensure.

- iii. Scope of Facility Standards.** By type of facility listed in Item C-2-c-i, specify whether the State's standards address the following (*check each that applies*):

Standard	Facility Type	Facility Type	Facility Type	Facility Type	
	Group Home	Transitional Living Apartment	Adult Foster Care	Assisted Living	
Admission policies	*	*	*	*	
Physical environment	*	*	*	*	
Sanitation	*	*	*	*	
Safety	*	*	*	*	
Staff : resident ratios	*	*			
Staff training and qualifications	*	*	*	*	
Staff supervision	*	*	*	*	
Resident rights	*	*	*	*	
Medication administration	*	*	*	*	
Use of restrictive interventions	*	*	*	*	
Incident reporting	*	*	*	*	
Provision of or arrangement for necessary health services	*	*	*	*	

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Staffing Ratios- DDP will not impose a staffing ratio requirement on adult foster care and assisted living placements. The recipient's planning team and case manager would be involved in matching the recipient's needs to an appropriate facility. Case managers visit recipients in these residences, these facilities are licensed by the Quality Assurance Division, service capacity for these facilities are outlined in the licensing standards and in ARM, and these service sites are reviewed during the annual DDP QA review process.

- d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor

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child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

*	<b>No.</b> The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
○	<b>Yes.</b> The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i>

- e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

○	The State does not make payment to relatives/legal guardians for furnishing waiver services.
○	The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services. Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 each waiver service for which payment may be made to relatives/legal guardians.</i>
*	<p>Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-3. Specify any limitations on the types of relatives/legal guardians who may furnish services. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p> <p>A legal guardian or family member may be reimbursed for the provision of direct services when the guardian is not fiscally responsible for the care of individual as outlined by waiver service category in Appendix C-3. Full legal guardians of DDP-funded recipients cannot be licensed as foster care providers and unlicensed foster care providers may not receive reimbursement for DDP -funded services.</p> <p>The controls to ensure that payments are made for services delivered are the same for all providers of waiver services. Private audits, State audits, State SURS reviews, the case management involvement in planning and client contacts, the DDP QIS QA fiscal sampling process and the family and consumer satisfaction surveys regarding the delivery of services are methods by which the delivery of services will be reviewed in support of provider invoices.</p>
○	Other policy. <i>Specify:</i>

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- f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

The Department established an open enrollment policy for all waiver services and developed the initial set of application forms for all waiver-funded services in 2002, following the review of this waiver by the CMS Regional Office in the fall of 2000. The qualified provider enrollment documents, contracting documents and various other application forms have since been revised and updated. These are available upon request.

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## Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Family Supports Coordination
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	* Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<b><u>FAMILY SUPPORT COORDINATION</u></b>	
<p>Services whereby an employee of an organized health care delivery system or other qualified provider under contract with the department is responsible for locating, coordinating, supervising and monitoring Family Support services to individuals aged 0 through 21 with developmental disabilities. More specifically, Family Support Coordination includes:</p> <ol style="list-style-type: none"> <li>1. Providing ongoing monitoring of the recipient's services, intervening when necessary to ensure that the individual's living situation continues to be healthy and safe, and that his or her needs continue to be met;</li> <li>2. Conducting periodic assessments of risk in order to ensure that the Family Support arrangement is appropriate and safe given the individual's unique abilities and needs;</li> <li>3. Assessing the individual to determine the resources and services needed to carry out the individual plan;</li> <li>4. Developing, monitoring, and recording written plans of care in a way the individual, his caregiver, and others understand;</li> <li>5. Meeting frequently with the individual, and others, regarding the adequacy of the plan of care, how well the plan is being implemented, and changes which may be necessary in the plan;</li> <li>6. Teaching the individual and his care giver skills which will enable them to independently locate and establish contact with agencies who can assist them in securing the services they require, thereby allowing them to become less reliant on the service system, generally, and intensive support coordination, specifically;</li> <li>7. Facilitating interaction between people working in resource systems;</li> <li>8. Mobilizing and using "natural helping networks" such as family members, church members and friends;</li> <li>9. Providing pre-service and in-service training to those people providing habilitation, personal care, or other services to the recipient. Training would include general orientation as well as training specific to the needs of the individual and how best to meet those needs;</li> <li>10. Managing personal as well as cost plan dollars to ensure that personal and service needs are being met, and that funds are efficiently utilized and accurately reported;</li> <li>11. Locating and arranging for suitable high quality housing, when necessary;</li> <li>12. Providing for adequate supervision of the individual during the day, evening, and weekend;</li> <li>13. Hiring and supervising qualified staff to provide Family Support services. Family Support</li> </ol>	

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Coordination is responsible, with input from the individual and his care giver, for hiring and supervising direct service providers;

14. Arranging for the purchase of services required by the plan of care. Where services are purchased for the individual, he or she is free to choose between available qualified providers.

Family Support Coordination is responsible for requiring documentation of the service provided and for approving payment to direct service providers.

Note- Recipients of adult services (ages 16 and up) are entitled to State Plan Targeted Case Management. Under no circumstances are case management services duplicated for individuals receiving Department-funded services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service must be terminated on or before the individual's 22<sup>nd</sup> birthday. In this case, the recipient's service allocation is maintained and the individual is transitioned into adult services and receives case management from an Adult Targeted Case Manager.

**Provider Specifications**

Provider Category(s) (check one or both):		Individual. List types:	*	Agency. List the types of agencies:
				DD Child and Family service provider agency under contract with the DDP.

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Family Support Specialist (FSS), employed by an agency under contract with the DDP		FSS certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification.	Other rules pertaining to staff competencies and requirements may be reviewed at ARM 37.34.925 and 37.34.2106.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency under contract with the DDP	Initially, The DDP Regional Manager as part of the qualified provider application process.	Prior to the initiation of the DDP contract.
	The DDP Quality Improvement Specialist will review compliance for 100% of the FSS staff providing services to one or more IFES	Quality Assurance reviews are conducted annually.

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	recipients as part of the implementation of the QA review process for children's services.	
<b>Service Delivery Method</b>		
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> * Provider managed

<b>Service Specification</b>			
Service Title:	<b>Homemaker Services</b>		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
*	Service is included in approved waiver. There is no change in service specifications.		
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.		
<input type="radio"/>	Service is not included in the approved waiver.		
<b>Service Definition (Scope):</b>			
<b><u>HOMEMAKER SERVICES</u></b>			
<p>Homemaker services consist of general household activities provided by a homemaker when the person regularly responsible for these activities is unable to manage the home and care for himself/herself or others in the home, or is engaged in providing habilitation and support services to the individual with disabilities.</p> <p>Services in this program include meal preparation, cleaning, simple household repairs, laundry, shopping for food and supplies and routine household care.</p> <p>Homemaker services are not available under the State Plan.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
This service is not available to recipients in residential settings in which primary care is funded 24/7 by the DDP (e.g., group homes and assisted living facilities).			
<b>Provider Specifications</b>			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> * Agency. List the types of agencies:
			Legal business entity.
			DD service provider agency under contract with the DDP.
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> * Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

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Employee functioning as a homemaker for a legal business entity (e.g., Kleen King, Merry Maids)	Workers are employees of a business entity, licensed, bonded and insured to deliver professional homemaker services		ARM 37.34.929 and ARM 37.34.930. Qualifications of the person providing the homemaker service will be reviewed and approved by the contracting agency and the service recipient and family, if applicable. The family or recipient can request the provider subcontracting with the business entity to complete a background check of the worker at no cost to the recipient. The person providing this service must be 18 years of age.
Employee of a DDP provider agency under contract with the DDP.	N/A		ARM 37.34.929 and ARM 37.34.930 All employees of agencies providing direct client services under contract with the DDP will have a completed background check (ARM 37.34.2102).

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Business entity	DDP waiver funded agency subcontracting for homemaker services. Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	As needed by the provider, prior to authorization of payment.  Effective 7/1/07, DDP will annually review compliance with the QP standards.
DDP waiver funded agency employee	Initially, The DDP Regional Manager as part of the qualified provider application process. Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Prior to the initiation of a DDP contract.  Effective 7/1/07, DDP will annually review compliance with the QP standards.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed
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**Service Specification**

Service Title:	<b>Personal Care Services</b>
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
*	Service is included in approved waiver. There is no change in service specifications.

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<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.																
<input type="radio"/>	Service is not included in the approved waiver.																
<b>Service Definition (Scope):</b>																	
<b><u>PERSONAL CARE SERVICES</u></b>																	
<p>Personal Care Services Include:</p> <ol style="list-style-type: none"> <li>1. Assistance with personal hygiene, dressing, eating and ambulatory needs of the individual; and</li> <li>2. Performance of household tasks incidental to the person's health care needs or otherwise necessary to contribute to maintaining the individual at home;</li> <li>3. Supervision for health and safety reasons.</li> </ol> <p>Payment will not be made for personal care services furnished by a member of the individual's family.</p> <p>Frequency or intensity will be as indicated in the plan of care. <u>Supervision of personal care staff is provided by a Registered Nurse, licensed to practice nursing in the State of Montana.</u></p> <p>Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.</p>																	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:																	
This service is available under the waiver only if the scope, amount or duration of the available Medicaid State Plan Personal Care is insufficient in meeting the needs of the recipient.																	
<b>Provider Specifications</b>																	
Provider Category(s) (check one or both):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 45%;">Individual. List types:</td> <td style="width: 5%; text-align: center;">*</td> <td style="width: 45%;">Agency. List the types of agencies:</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Home health agency enrolled as a Montana Medicaid reimbursable provider.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>DD service provider agency under contract with the DDP.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:				Home health agency enrolled as a Montana Medicaid reimbursable provider.				DD service provider agency under contract with the DDP.				
<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:														
			Home health agency enrolled as a Montana Medicaid reimbursable provider.														
			DD service provider agency under contract with the DDP.														
Specify whether the service may be provided by (check each that applies):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 45%;">Legally Responsible Person</td> <td style="width: 5%; text-align: center;">*</td> <td style="width: 45%;">Relative/Legal Guardian</td> </tr> </table>	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian												
<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian														
<b>Provider Qualifications</b> (provide the following information for each type of provider):																	
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)														
Home health agency employee	Agencies are licensed, bonded and insured to deliver personal care services, and enrolled as a Medicaid provider.		ARM 37.34.933 ARM 37.34.934 The employer will maintain documentation verifying the direct services worker has an acceptable criminal background check.														
DD service provider agency			In addition to the above standards, the employee must receive training within 30 days of hire encompassing abuse reporting.														

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			client rights, client confidentiality, first aid and CPR training, and any specialized training unique to the needs of the individual, as outlined in the plan of care. Persons assisting with meds will be med certified in accordance with ARM 37.34.114.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home health agency employee	Applicable standards are verified by the DD service provider agency contracting with the home health agency providing the service.  Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	As needed by the provider, prior to authorization of payment.  Effective 7/1/07, DDP will annually review compliance with the QP standards.
DD service provider agency under contract with the DDP.	For DDP waiver funded services, the DDP Regional Manager initially reviews as part of the qualified provider application process. DDP QA review, conducted by the QIS, for a sample review of the staffing requirements for compliance with applicable ARMs.	Prior to the initiation of a DDP contract.  DDP annual QA review for children's and adult services.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed
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**Service Specification**

Service Title:	Residential Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
*	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p><b><u>Habilitation- Residential</u></b></p> <p>Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.</p> <p>Habilitation provided to an individual wherever he or she may live. Settings may include foster</p>	

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homes, group homes, congregate and non-congregate living apartments and natural homes.

All facilities covered by Section 1616(e) of the Act comply with State licensing standards that meet the requirements of 45 CFR Part 1397.

Board and room is not a covered service. Individuals served are responsible for paying for board and room through other funding sources such as Supplemental Security Income (SSI).

The individual plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The individual plan of care (Individual Plan or Family Service Plan) also specifies the appropriate residential setting in which services will be provided.

Training is provided in basic self-help skills, home and community living skills, leisure and social skills. Support is provided as necessary for the care of the individual. Each training objective is specified in the plan of care (IP) and is clearly related to the individual's long term goal and is not simply busywork or diversional in nature.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Residential habilitation services are not available to waiver recipients residing in assisted living or adult foster home settings.

**Provider Specifications**

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:
				DD service provider agency under contract with the DDP.

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
DD service provider agency employee	Residential habilitation is reimbursable in all community based residential settings, except the provision of this service in DD community group homes and foster homes is contingent upon State licensure for		The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of the individual served, as outlined in the plan of care.

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	these facilities. DD group home licensure requirements may be reviewed in ARM 37.100.301 through 37.100.340 and MCA 53-20-301 through 53-20-307.		Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Persons providing residential habilitation may be sixteen or seventeen years of age if the service is provided under direct adult supervision and all other requirements are met.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DDP service provider agency employee under contract with the DDP.	PHHS Quality Assurance Division (QAD) for compliance with group home and adult foster home licensing standards, if applicable.  For DDP waiver funded services, initially, the DDP Regional Manager as part of the qualified provider application process.  DDP QA review process, conducted by the QIS, for a sample review of the staffing requirements for ongoing re-evaluation.	QAD licensing study is annual.  Prior to the initiation of a DDP contract.  DDP QIS staff reviews compliance with residential habilitation staff QP standards, on a sample basis, annually.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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**Service Specification**

Service Title:	Day Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
*	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p><b><u>Habilitation- Day</u></b></p> <p>Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.</p>	

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Habilitation provided in day programs includes support and functional training in use of community services, basic life skills, appropriate behaviors for the workplace and appropriate social behaviors.

Habilitation services do not include special education and related services (as defined in Section 4(a)(4) of the 1975 Amendments to the Education of the Handicapped Act (20 U.S.C. 1401(16), (17)) which otherwise are available to the individual through a State or local educational agency and vocational rehabilitation services which otherwise are available to the individual through a program funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

The individual plan of care (IP), based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed.

Work/day programs offer individualized services based on the support needs of service recipients. Persons served in work/day settings may include persons with pre-vocational skill training needs, persons who function as elderly with skill maintenance and social/leisure activity needs and persons with very significant behavioral, self-help or medical challenges who require enriched staffing ratios to meet habilitation and support goals. In some cases, individuals with varying services needs may be served under one roof, with staffing ratios and habilitation goals individualized to meet the needs of the recipients. Work/day programs offer one or more services conforming with the following criteria:

- \* *Pre-vocational services* are oriented toward providing training to individuals who are not expected to join the general work force in the immediate future (i.e., within a year).

Pre-vocational services include support and training in self-help skills, motor and physical development, communication skills, functional academics, community life skills, work skills, and leisure skills. These training areas are not primarily directed at teaching specific job skills but at underlying habilitative goals.

If individuals are compensated for the work they do, the compensation is less than 50 percent of the minimum wage.

- \* *Senior day services* provide health services, social services, training and supervision based on the needs of the individuals served. Senior day services entail services which provide supports and specific functional training based on an Individual Plan (IP).

These services are provided to older individuals whose plans of care (IP) direct training efforts and specify supports that will enable them to participate in a variety of age-appropriate activities supporting the goal of maintaining the individual's ability to function in the community and to avoid institutionalization.

- \* *Intensive adult habilitation programs* are oriented toward serving individuals with more severe disabilities. These individuals display fewer self-help skills and/or more severe problem behaviors than the individuals found in typical work activity centers or sheltered workshops. They have been screened using an "intensive needs assessment" instrument and have been determined as inappropriate for placement in less restrictive adult settings.

Training and support is provided in a highly structured environment, by staff who are

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sophisticated in the skills of behavior management. Training focuses on the behaviors necessary to maintain the individual in the community-based service system and, if possible, move to a less restrictive setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Providers of day habilitation services can be reimbursed only for services delivered to recipients.

**Provider Specifications**

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:
				DD service provider agency under contract with the DDP.

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Employee of a DDP service provider agency under contract with the DDP.	N/A		The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Employee of a DDP service provider agency under contract with the DDP.	Initially, The DDP Regional Manager as part of the Qualified Provider Application Process. Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance with the staffing requirements.	Prior to the initiation of a DDP contract. DDP QIS staff review compliance with day habilitation staff QP standards, on a sample basis, annually.

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Service Delivery Method			
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*
			Provider managed
Service Specification			
Service Title:	Supported Employment		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
*	<input checked="" type="radio"/> Service is included in approved waiver. There is no change in service specifications.		
○	<input type="radio"/> Service is included in approved waiver. The service specifications have been modified.		
○	<input type="radio"/> Service is not included in the approved waiver.		
Service Definition (Scope):			
<p><b><u>Supported Employment</u></b></p> <p>Supported employment is for persons with developmental disabilities who, because of their disabilities, need intensive ongoing support to perform in a work setting.</p> <p>Supported employment provides the opportunity to: work for pay in regular employment; integrate with non-disabled persons who are not paid care givers; and receive long-term support services in order to retain the employment. The service is designed for individuals with developmental disabilities facing severe impediments to employment due to the nature and complexity of their disabilities.</p> <p>Supported employment may include the following types of activities designed to assist eligible individuals to access and maintain employment:</p> <ul style="list-style-type: none"> <li>a. <i>Pre-placement activities:</i> Pre-placement activities consist of gathering information, conducting employee assessment and completing any steps necessary to implement the job placement process.</li> <li>b. <i>Job Market Analysis/Job Development:</i> Job market analysis and job development involve identifying and locating potential jobs.</li> <li>c. <i>Job Match/Screening:</i> Job match and screening involves establishing job requirements and selecting/matching potential employees to jobs.</li> <li>e. <i>Job Placement/Training:</i> Training is directed toward development of all the skills necessary to succeed in the particular paid job that the individual is hired to do. Training occurs within the actual job environment and addresses naturally occurring demands and contingencies. The trainer assists the employee in completing the job until all the tasks can be performed at the standard established by the employer.</li> <li>f. <i>Ongoing Assessment and Support and Service Coordination:</i> Ongoing assessment and support involves monitoring the status of the job environment and the employee, and providing interventions as needed to maintain job placement.</li> <li>g. <i>Transportation:</i> Transportation of a work crew and its equipment to and from the job site may be provided.</li> </ul> <p>Supported employment will be funded under the waiver when not available under Section 110 of the Rehabilitation Act of 1973, as amended, (19 U.S.C. 730).</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			

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Provider Specifications						
<b>Provider Category(s)</b> <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:		
				DD service provider agency under contract with the DDP.		
Specify whether the service may be provided by <i>(check each that applies)</i> :		<input type="checkbox"/>	Legally Responsible Person		*	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>						
<b>Provider Type:</b>	License <i>(specify)</i>		Certificate <i>(specify)</i>		Other Standard <i>(specify)</i>	
The supported employment worker is an employee of the agency under contract with the DDP.					ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check.	
<b>Verification of Provider Qualifications</b>						
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>			<b>Frequency of Verification</b>		
DD service provider agency under contract with the DDP.	Initially, The DDP Regional Manager as part of the Qualified Provider Application Process. Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance with the staffing requirements.			Prior to initiating a DDP contract. The QA review process is annual.		
<b>Service Delivery Method</b>						
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E			*	Provider managed

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Service Specification					
<b>Service Title:</b>	Respite Services				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
*	Service is included in approved waiver. There is no change in service specifications.				
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.				
<input type="radio"/>	Service is not included in the approved waiver.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
<b>Service Definition (Scope):</b>					
<p>Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the recipient and care giver; summer camp) designed to meet the safety and daily care needs of the recipient and the needs of the recipient's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all state and federal respite standards. Respite services are delivered in conformity with an individualized plan of care.</p> <p>The amount and frequency of respite care (with the exception of emergencies) is included in each individual's plan of care.</p> <p>FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p>					
Provider Specifications					
Provider Category(s) <i>(check one or both):</i>	*	Individual. List types:	*	Agency. List the types of agencies:	
		A person (e.g., friend of the family) who meets the service standards, is hired by the family, signs an agreement with the family and the agency under contract with the DDP and is reimbursed for services by the agency under contract with the DDP. The respite worker cannot be the service recipient's primary care giver.		DD Service Provider Agency under contract with the DDP.	
Specify whether the service may be provided by <i>(check each that applies)</i> :	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian	

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<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual			ARM 37.34.946 ARM 37.34.947 In addition, the respite provider is subject to approval by the family, and must possess any competencies outlined by the family in the plan of care, which are related to the specific needs of the individual. Person providing the service must be 16 or older. The family or recipient can request the agency contracting with the DDP to complete a criminal background check if the respite worker is not an agency employee, at no cost to the family or recipient.
DD Service Provider Agency under contract with the DDP			ARM 37.34.946 ARM 37.34.947 In addition, the respite provider is subject to approval by the family, and must possess any competencies outlined by the family in the plan of care, which are related to the specific needs of the individual. Person providing the service must be 16 or older. The family or recipient can request the agency contracting with the DDP to complete a criminal background check if the respite worker is not an agency employee, at no cost to the family or recipient.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual	Provider agency responsible for reimbursing the respite worker under the conditions of the agreement Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.		Prior to initial payment by the agency with the DDP contract Effective 7/1/07, DDP will annually review compliance with the QP standards.
Agency	Initially, The DDP Regional Manager as part of the Qualified Provider Application Process. Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance		Prior to initiating a DDP contract. Effective 7/1/07, DDP will annually review compliance with

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	with the staffing requirements. Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	the QP standards.
<b>Service Delivery Method</b>		
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

<b>Service Specification</b>	
Service Title:	Psychological Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<b><u>PSYCHOLOGICAL AND COUNSELING SERVICES</u></b>	
<p>Psychological and counseling services are those services provided by a licensed psychologist, licensed professional counselor or a licensed clinical social worker within the scope of the practice of the respective professions.</p> <p>Psychological and counseling services may include individual and group therapy; consultation with providers and care givers directly involved with the individual; development and monitoring of behavior programs; participation in the individual planning process; and counseling for primary care givers (i.e., family members and foster parents) when their needs are related to problems dealing with the child with the disability. Psychological and counseling services available under the Montana State Plan will be used before billing under the waiver.</p> <p>Psychological and counseling services under the State Plan are limited. Under the waiver, this service is available to adults when the service is recommended by a qualified treatment professional, approved by the planning team and written into the plan of care.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<b>Provider Specifications</b>	
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/> Individual. List types:  <input checked="" type="checkbox"/> Agency. List the types of agencies:

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	Licensed Clinical Psychologist Licensed Professional Counselor Licensed Clinical Social Worker	DD service provider agency employing qualified psychologists, counselors or social workers, as defined in the ARM and MCA sites in this section, under contract with the DDP.  An agency providing counseling and therapy services and enrolled as a Montana Medicaid provider.	
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> ( <i>provide the following information for each type of provider</i> ):			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
Licensed Psychologist, enrolled as a Medicaid provider	Licensed in accordance with Montana ARM 24.189.601		ARM 24.189.101 through 24.189.823 governing the licensure of persons licensed to practice psychology. MCA 37-17-101 through 37-17-318 outlining the qualifications of a licensed psychologist ARM 37.34.971 and 37.34.972 Criminal background check
Licensed Professional Counselor, enrolled as a Medicaid provider	Licensed in accordance with Montana ARM 24.219.604		ARM 24.219.101 through 24.219.615 governing the licensure of persons practicing professional counseling MCA 37-23-101 through 37.23.311 outlines the licensure requirements for a licensed professional counselor. ARM 37.34.971 and 37.34.972 Criminal background check
Licensed Clinical Social Worker, enrolled as a Medicaid provider.	Licensed in accordance with Montana ARM 24.219.504		ARMS 24.219.101 through 24.219.615 govern the licensure of persons licensed to practice clinical social work MCA-37.22.101 through 37.22.411 outlining the requirements for licensed clinical social workers. ARM 37.34.971 and ARM 37.34.972 Criminal background check
The psychologist, counselor, or social worker (see above) is an	As above		All agencies with a DDP contract for providing direct client services will have a completed criminal background check for all employees. In addition, the ARM and MCA

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employee of a DD service provider agency under contract with the DDP.			site references for these professionals apply.
An agency providing counseling and therapy services as defined above and enrolled as a Montana Medicaid provider.	As above		The ARM and MCA site references for these professionals apply.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
Agency employee of a provider with a Department contract for providing the direct client services.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
An agency providing counseling and therapy services and enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed
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**Service Specification**

Service Title:	Physical Therapy
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
*	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	

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## **PHYSICAL THERAPY SERVICES**

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual. Physical therapists may provide treatment training programs that are designed to:

1. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and activities of daily living; and
2. Prevent, insofar as possible, irreducible or progressive disabilities through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Therapists will also provide consultation and training to staff or caregivers who work directly with waiver recipients.

Physical therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

### **Provider Specifications**

Provider Category(s) (check one or both):	*	Individual. List types:	*	Agency. List the types of agencies:
		Licensed Physical Therapist, enrolled as a Montana Medicaid provider.		-DD service provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the Department.
				-An agency providing physical therapy services and enrolled as a Montana Medicaid provider.

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian
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### **Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Licensed physical therapist, enrolled as a Montana Medicaid provider	Licensed in accordance with applicable ARMs 8.42.101 through 8.42.503		MCA 37.11-101 through 37.11-322 shall apply. ARM 37.34.954 and 37.34.955 apply.
-DD service	As above		As above.

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provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.			
An agency providing physical therapy services and enrolled as a Montana Medicaid provider.	As above		As above.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
-Licensed physical therapist, enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
DD service provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-An agency providing physical therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification						
Service Title:	Occupational Therapy					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>						
*	<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.					
○	<input type="radio"/> Service is included in approved waiver. The service specifications have been modified.					
○	<input type="radio"/> Service is not included in the approved waiver.					
Service Definition (Scope):						
<p><b><u>OCCUPATIONAL THERAPY SERVICES</u></b></p> <p>These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.</p> <p>Occupational therapists may provide evaluation, consultation, training and treatment.</p> <p>Occupational therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.</p>						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
Provider Specifications						
Provider Category(s) <i>(check one or both):</i>	*	Individual. List types:	*	Agency. List the types of agencies:		
		Licensed occupational therapist, enrolled as a Montana Medicaid provider.		-DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.		
				-An agency providing occupational therapy services and enrolled as a Montana Medicaid provider.		
Specify whether the service may be provided by <i>(check each that applies)</i> :		<input type="checkbox"/>	Legally Responsible Person		*	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>						
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
Licensed occupational therapist, enrolled as a Montana Medicaid provider	Licensed in accordance with applicable ARMs 24.165.101 through 24.165.307		MCA 37.24-101 through 37.24-311 apply. ARM 37.34.950 and 37.34.951 apply.			

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-DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.	As above		As above.
An agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts.	As above		As above.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
-Licensed occupational therapist, enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-An agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.

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DD service provider agencies with DDP contracts.		
<b>Service Delivery Method</b>		
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E
	<input checked="" type="checkbox"/>	* Provider managed

<b>Service Specification</b>	
Service Title:	Speech Therapy
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
<p><b>SPEECH THERAPY SERVICES</b></p> <p>These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.</p> <p>Speech therapy services may include:</p> <ol style="list-style-type: none"> <li>1. Screening and evaluation of individuals with respect to speech and hearing functions;</li> <li>2. Comprehensive speech and language evaluations when indicated by screening results;</li> <li>3. Participation in the continuing interdisciplinary evaluation of individuals for purposes of beginning, monitoring and following up on individualized habilitation programs; and</li> <li>4. Treatment services as an extension of the evaluation process, which include: Consultation with appropriate people involved with the individual for speech improvement and speech education activities to design specialized programs for developing each individual's communication skills in comprehension, including speech, reading, auditory training, and skills in expression.</li> </ol> <p>Therapists will also provide training to staff and caregivers who work directly with waiver recipients.</p> <p>Speech therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<b>Provider Specifications</b>	
Provider	* Individual. List types:      * Agency. List the types of agencies:

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Category(s) (check one or both):	Licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider.	-DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.		
		-An agency providing speech therapy services and enrolled as a Montana Medicaid provider.		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Licensed speech therapist, enrolled as a Montana Medicaid provider	Licensed in accordance with applicable ARMs 24.222.101 through 24.222.307		MCA 37.15-101 through 37.15-323 shall apply. ARM 37.34.956 and 37.34.957 apply.	
-DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.	As above		As above.	
An agency providing speech therapy services and enrolled as a Montana Medicaid provider.	As above		As above.	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
-Licensed speech therapist, enrolled as a Montana Medicaid.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.		Effective 7/1/07, DDP will annually review compliance with the QP standards.	
-DD service provider	Effective 7/1/07, DDP will incorporate a QP		Effective 7/1/07, DDP will	

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agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.	verification methodology in the QA process.	annually review compliance with the QP standards.
-An agency providing speech therapy services and enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.

Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed

Service Specification									
Service Title:	Dietitian Services								
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>									
*	Service is included in approved waiver. There is no change in service specifications.								
○	Service is included in approved waiver. The service specifications have been modified.								
○	Service is not included in the approved waiver.								
Service Definition (Scope):									
<p><b><u>DIETITIAN SERVICES</u></b></p> <p>These services provided by a registered dietitian or licensed nutritionist include meal planning, consultation with and training for care givers, and education for the individual served. The service does not include the cost of meals. Dietitian services are not available under Montana's State Plan. This service must be cost effective and necessary to prevent institutionalization.</p>									
Specify applicable (if any) limits on the amount, frequency, or duration of this service:									
Provider Specifications									
Provider Category(s) <i>(check one or both):</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">*</td> <td style="width: 40%;">Individual. List types:</td> <td style="width: 5%; text-align: center;">*</td> <td style="width: 50%;">Agency. List the types of agencies:</td> </tr> <tr> <td></td> <td>Licensed nutritionist, enrolled as a Montana Medicaid provider.</td> <td></td> <td>-DD service provider agency employing qualified nutritionist or dietitian services, as defined in the ARM and MCA sites in this section, under contract with the DDP.</td> </tr> </table>	*	Individual. List types:	*	Agency. List the types of agencies:		Licensed nutritionist, enrolled as a Montana Medicaid provider.		-DD service provider agency employing qualified nutritionist or dietitian services, as defined in the ARM and MCA sites in this section, under contract with the DDP.
*	Individual. List types:	*	Agency. List the types of agencies:						
	Licensed nutritionist, enrolled as a Montana Medicaid provider.		-DD service provider agency employing qualified nutritionist or dietitian services, as defined in the ARM and MCA sites in this section, under contract with the DDP.						

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	Registered dietitian, enrolled as a Montana Medicaid provider, reimbursed via subcontracts by DD service provider agencies with DDP contracts.	-An agency providing nutritionist or dietitian services and enrolled as a Montana Medicaid provider.
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person * Relative/Legal Guardian
<b>Provider Qualifications</b> ( <i>provide the following information for each type of provider</i> ):		
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )
Licensed nutritionist, enrolled as a Montana Medicaid provider.	MCA 37-25-101 through 37-25-308	ARM 24.156.1301 through ARM 24.156.1308 ARM 37.34.978 and ARM 37.34.979
Registered Dietician, enrolled as a Montana Medicaid provider	MCA 37-21-101 through 37-21-406	ARM 24.156.1301 through ARM 24.156.1308 ARM 37.34.978 and ARM 37.34.979
-DD service provider agency employing qualified nutritionists or dieticians as defined in the ARM and MCA sites in this section, under contract with the DDP.	As above	As above
An agency providing nutritionist or dietician services and enrolled as a Montana Medicaid provider.	As above	As above
<b>Verification of Provider Qualifications</b>		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
-Licensed nutritionist or dietitian, enrolled as a Montana Medicaid	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.

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provider.		
-DD service provider agency employing qualified nutritionists or dieticians as defined in the ARM and MCA sites in this section, under contract with the DDP.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-An agency providing nutritionist or dietitian services and enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
<b>Service Delivery Method</b>		
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> * Provider managed

Service Specification	
Service Title:	Private Duty Nursing
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
*	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p><b><u>PRIVATE DUTY NURSING</u></b></p> <p>Private Duty Nursing service is to provide medically necessary nursing services to individuals when these services exceed the established Medicaid limits or are different from the service provided under the State Plan. They will be provided where they are needed, whether in the home or in the individual's day activity setting.</p> <p>Services may include medical management, direct treatment, consultation, and training for the individual and/or his caregivers.</p> <p>Nursing services provided under the home health requirement of the State Plan are limited and are only available to individuals considered "home bound" and in need of acute nursing care. Nursing services other than direct treatment are not available through a home health agency. Waiver recipients, particularly those coming out of the state's ICF's/MR, may be quite medically involved. State Plan nursing services may only be provided in group homes or other places of residence, while some waiver beneficiaries need nursing services in day programs or otherwise outside the home. Nursing homes are no longer service options for the vast majority of people with developmental disabilities.</p>	

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Nursing services must be specified in the plan of care. It must be ordered in writing by the individual's physician and it must be delivered by a registered nurse (RN) or a licensed practical nurse (LPN). Waiver nursing services will be used after the home health nursing limits have been reached, or if the service required is different from that authorized under the State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

**Provider Specifications**

Provider Category(s) (check one or both):	*	Individual. List types:	*	Agency. List the types of agencies:
		Licensed Practical Nurse, enrolled as a Montana Medicaid provider.		-DD service provider agency providing qualified RN or LPN services, as defined in the ARM and MCA sites in this section, under contract with the DDP.
		Registered Nurse, enrolled as a Montana Medicaid provider.		-An agency providing qualified RN or LPN services and enrolled as a Montana Medicaid provider.

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

\*

Relative/Legal Guardian

**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Registered Nurse, enrolled as a Montana Medicaid provider	Registered in accordance with MCA 37-8-101 through 37-8-444		ARM 37.34.973 and 37.34.974 apply ARMS 8.32.101 through 8.32.507 apply
Licensed Practical Nurse, enrolled as a Montana Medicaid provider	Registered in accordance with MCA 37-8-101 through 37-8-444		ARM 37.34.973 and 37.34.974 apply ARMS 8.32.101 through 8.32.507 apply
-DD service provider agency providing qualified RN or LPN services, as defined in the ARM and MCA sites in this section, under contract with the DDP.	As above		As above
-An agency	As above		As above

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providing qualified LPN or RN services and enrolled as a Montana Medicaid provider.			
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse, enrolled as a Montana Medicaid provider	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
Licensed Practical Nurse, enrolled as a Montana Medicaid provider	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-DD service provider agency providing qualified RN or LPN services, as defined in the ARM and MCA sites in this section, under contract with the DDP.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-An agency providing qualified LPN or RN services and enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed
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**Service Specification**

Service Title:	Respiratory Therapist Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
*	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
These services are provided by a licensed respiratory therapist and may include direct treatment to the individual, ongoing assessment of the person's medical conditions, equipment monitoring and upkeep,	

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and pulmonary education and rehabilitation. Without these services, individuals with severe pulmonary conditions would have to be institutionalized.  
This service must be cost effective and necessary to prevent institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	*	Individual. List types:	*	Agency. List the types of agencies:
		Licensed Respiratory Care Practitioner (therapist), enrolled as a Montana Medicaid provider		-DD service provider agency providing qualified respiratory care services, as defined in the ARM and MCA sites in this section, under contract with the DDP.
				-An agency providing qualified respiratory care services and enrolled as a Montana Medicaid provider.

Specify whether the service may be provided by <i>(check each that applies)</i> :	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed Respiratory Care Practitioner, enrolled as a Montana Medicaid provider	Licensed in accordance with MCA 37-28-101 through 37-28-305		ARM 37.34.987 and 37.34.988 ARM 24.213.101 through 24.213.421
-DD service provider agency providing qualified respiratory care services, as defined in the ARM and MCA sites in this section, under contract with the DDP.	As above		As above

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-An agency providing qualified respiratory care services and enrolled as a Montana Medicaid provider.	As above		As above
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
-Licensed care practitioner, enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-DD service provider agency employing qualified respiratory care practitioners as defined in the ARM and MCA sites in this section, under contract with the DDP.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
-An agency providing respiratory care practitioners and enrolled as a Montana Medicaid provider.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed
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**Service Specification**

Service Title:	Transportation Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<b><u>TRANSPORTATION SERVICES</u></b>	
Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service	

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is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.

Legally responsible persons, relatives, legal guardians and other persons who are not employees of agencies with a DDP contract may be reimbursed for the provision of rides. In these cases, reimbursement will be less than or equal to the mileage rate set by the Department for a state employee operating a personal vehicle. The mileage rate is based on the operational expense of a motor vehicle and does not include reimbursement for work performed, or the driver's time. Reimbursement for rides provided by legally responsible persons or others must be related to the specific disability needs of a recipient, as outlined in the plan of care. Persons providing transportation must be licensed, insured and drive a registered vehicle, in accordance with the motor vehicle laws of the State of Montana.

Note- Rates for services in residential settings and work/day settings in which paid, on-site primary care givers provide routine, non-medically necessary transportation (community outings, picnics, etc) may include cost of these integrated transportation services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Transportation services are not reimbursable in residential and work/day settings, if the transportation service is folded into the rates for these residential and/or work/day settings. Under no circumstances will medically necessary transportation (transportation to medical services reimbursed under the State Plan) be reimbursed under the waiver if the service is reimbursable under State Plan transportation.

#### Provider Specifications

Provider Category(s) (check one or both):	*	Individual. List types:	*	Agency. List the types of agencies:
		Individual with a written service agreement.		Transportation provider agency. This agency may or may not be a dedicated transportation provider.

Specify whether the service may be provided by (check each that applies):	*	Legally Responsible Person	*	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual with a written service agreement.	Operator will have a motor vehicle license, liability insurance and proof of vehicle		ARM 37.34.967 and 37.34.968. Person providing the service must be 16 or older. Payment for escort services may not be made under the transportation category.

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	registration, in accordance with state laws.		
Transportation provider agency.	As above.		As above. Terms of minimum liability insurance are outlined in the provider contract, under Section 16.2.1 through 16.2.3, <u>Automobile Liability Insurance Coverage</u> .
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual with a written service agreement.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.		Effective 7/1/07, DDP will annually review compliance with the QP standards.
Transportation provider agency.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.		Effective 7/1/07, DDP will annually review compliance with the QP standards.
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*      Provider managed

Service Specification	
Service Title:	Meals
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
*	Service is included in approved waiver. There is no change in service specifications.
○	Service is included in approved waiver. The service specifications have been modified.
○	Service is not included in the approved waiver.
Service Definition (Scope):	
<p><b><u>MEALS SERVICES</u></b></p> <p>This service provides hot or other appropriate meals once or twice a day, up to seven days a week. A full nutritional regimen (three meals per day) will not be provided, in keeping with the exclusion of room and board as covered services.</p> <p>Some individuals need special assistance with their diets and the special meals service can help ensure that these individuals would receive adequate nourishment. This service will only be provided to individuals who are not eligible for these services under any other source, or need different or more extensive services than are otherwise available. This service must be cost effective and necessary to prevent institutionalization.</p>	

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Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
See above					
<b>Provider Specifications</b>					
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:	
				Enrolled Medicaid provider agency licensed to deliver meals	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian	
<b>Provider Qualifications</b> (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Agency			ARM 37.34.980 and 37.34.981 Program authorized as outlined in 42 USC 3030e Subpart b2, Sections 336 and 337.		
<b>Verification of Provider Qualifications</b>					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Agency	Effective 7/1/07, DDP will annually review compliance with the QP standards.		Effective 7/1/07, DDP will annually review compliance with the QP standards.		
<b>Service Delivery Method</b>					
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed	

<b>Service Specification</b>	
Service Title:	Environmental Modifications/Adaptive Equipment
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
*	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<b><u>Environmental Modifications/Adaptive Equipment</u></b>	
<u>Environmental Modifications:</u>	

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Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

In addition to the above, environmental modifications services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment. Environmental modifications may be made to a recipient's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient. An environmental modification provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American national standards institute (ANSI).
- (f) be prior authorized jointly by the provider's board of directors and the DDP if the cost of the project may exceed \$4,000.

Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

#### Adaptive Equipment:

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide the care needed by the individual.

A comprehensive list is not possible because sometimes items are created (invented) to meet the unique adaptive needs of the individual, for example, an adult-sized "changing table" to enable a care giver to diaper and dress a person who has severe physical limitations; or specially designed switches that an individual with physical limitations can use to accomplish other tasks. Adaptive equipment will conform to the following criteria:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) not be in the form of room and board or general maintenance;

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- (e) meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI).
- (f) be prior authorized jointly by the provider's Board of Directors and the DDP if the cost the project may exceed \$4,000.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

**Provider Specifications**

Provider Category(s) (check one or both):	* Individual. List types:	* Agency. List the types of agencies:
	<u>Environmental modifications:</u> -Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency	<u>Environmental modifications:</u> -DD Service Provider contracting with the DDP, qualified to perform the work.
		-A construction firm, qualified to perform the work.
	<u>Adaptive Equipment:</u> -Independent Contractor, qualified to provide the required equipment.	<u>Adaptive Equipment:</u> Enrolled Medicaid provider or legal entity capable of providing the adaptive equipment.

Specify whether the service may be provided by (check each that applies):

<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<u>Environmental modifications:</u> -Independent Contractor			ARM 37.34.960 and 37.34.961
-DD Service Provider contracting with the DDP, qualified to perform the work.			As above
-A construction firm, qualified to perform the work.			As above
<u>Adaptive</u>			ARM 37.34.962 and 37.34.963 for services

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<b>Equipment:</b> -Independent Contractor			not available under the State Plan.
-Enrolled Medicaid provider or legal entity capable of providing the adaptive equipment.			As above

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<u>Independent Contractor</u> of Adaptive Equipment or Environmental Modifications	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process. Work or equipment would be reviewed as part of the QA sampling process.	Effective 7/1/07, DDP will annually review compliance with the QP standards.
<u>DD Service Provider</u> contracting with the DDP, qualified to install, build or complete the environmental modifications	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards. Work performed or equipment delivered would be reviewed as part of the QA sampling process.
Enrolled Medicaid provider or legal business entity capable of providing the adaptive equipment or building, installing or completing the environmental modifications.	Effective 7/1/07, DDP will incorporate a QP verification methodology in the QA process.	Effective 7/1/07, DDP will annually review compliance with the QP standards. Work performed or equipment delivered would be reviewed as part of the QA sampling process.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed

**Service Specification**

<b>Service Title:</b>	Adult Foster Support
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.

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○	Service is included in approved waiver. The service specifications have been modified.
*	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
<p>This service pays for extraordinary supervision and support by a principal care giver licensed as an adult foster care provider who lives in the home. The total number of service recipients (including participants served in the waiver) living in the adult foster home, who are unrelated to the principal care provider, cannot exceed four persons (ARM 37.100.121).</p> <p>Skill acquisition training is not included in the provision of the adult foster support service. Skill acquisition training, if needed, will be provided in the adult foster home in accordance with assessed needs and desires of the individual as outlined in the plan of care. This training will be delivered by staff meeting the qualified provider standards for residential training supports. Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate and distinct service from the adult foster support service.</p> <p>Payments for adult foster support are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult foster support does not include payments made, directly or indirectly, to members of the participant's immediate family. The methodology by which the costs of room and board are excluded from payments for adult foster support is described in Appendix I.</p> <p>Payment to an adult foster care provider is available to assist in placing and maintaining persons with extraordinary support needs in licensed adult foster care settings. Reimbursements are based on assessments completed by the Adult Targeted Case Manager. Payments are based on the service recipient meeting a required threshold in the hours of direct support and supervision required of the foster care provider.</p> <p>The net effect of this service option is to strengthen the foster home network available to serve adults with developmental disabilities who would otherwise require services in more intensive and costly service settings (e.g., an ICF-MR or an adult group home).</p>	
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>	
<p>In a licensed adult foster home, DDP will reimburse for no more than two people with enhanced supervision/support needs, or one person who requires intensive supervision and supports.</p> <p>Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate and distinct service from the adult foster support service.</p> <p>Separate payment is not made for homemaker or chore services furnished to a participant receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.</p>	

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Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	* Agency. List the types of agencies:
			Licensed adult foster care provider.
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
			Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed adult foster care provider.	MCA 50-5-101 through MCA 50-5-216		ARM 37.100.101 through 37.100.175
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Licensed adult foster care provider	Quality Assurance Division licensing worker, employed by the Department of Public Health and Human Services.  DDP QIS, in the completion of the annual QA report.		Annual verification of licensure status.  DDP will annually review compliance with the QP standards.
<b>Service Delivery Method</b>			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*
			Provider managed

Service Specification	
Service Title:	Assisted Living
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.

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<b>*</b>	Service is not included in the approved waiver.		
<b>Service Definition (Scope):</b>			
<p>Payments for services rendered in an assisted living facility, including personal care, homemaker services, medication oversight, social and recreation activities, 24 hour on site response staff to meet the unpredictable needs of recipients and supervision for safety and security. Separate payment will not be made for those services integral to and inherent in the provision of the personal care facility service.</p> <p>Payments for assisted living facility services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep or improvements. Payment for personal care facility support does not include payments made, directly or indirectly, to members of the recipient's immediate family.</p> <p>This service is targeted only for those individuals with developmental disability who function as elderly due to age and/or specific handicapping condition and/or physically handicapping conditions or impairment precluding placement in a less restrictive setting. Persons with DD will have similar handicapping conditions to other persons in this service, generally this means persons who would otherwise be unable to safely and cost-effectively remain at home. Persons in this service option are not precluded from attending DD waiver-funded work/day or supported employment options.</p>			
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>			
Separate payment is not made for homemaker or chore services or personal care services furnished to a participant receiving assisted living services, since these services are integral to and inherent in the provision of assisted living services. Residential training supports and residential habilitation are not available to a person residing in an assisted living setting.			
<b>Provider Specifications</b>			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	* Agency. List the types of agencies:
			Licensed Assisted Living Facility.
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
			Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Licensed Assisted Living Facility.	Licensed in accordance with MCA 50-5-101 MCA 50-5-225 through 50-5-228		ARMs 37.106.2801 through 37.106.2908 apply.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Licensed Assisted Living Facility.	Quality Assurance Division of DPHHS  DDP QIS, in the completion of the annual QA report.		Licensure status reviewed annually by QAD  Licensure status reviewed annually during the DDP QA review.

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<b>Service Delivery Method</b>					
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*	Provider managed	

<b>Service Specification</b>					
<b>Service Title:</b>	Adult Companion Services				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.				
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.				
*	Service is not included in the approved waiver.				
<b>Service Definition (Scope):</b>					
<p>Non-medical care, supervision and socialization, provided to a functionally impaired individual. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.</p> <p>Companion services are not available to persons receiving 24/7 DDP waiver funded supports and supervision (e.g., persons residing in a DD group home or in assisted living).</p> <p>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</p>					
<b>Provider Specifications</b>					
<b>Provider Category(s)</b> (check one or both):	<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:	
			DD service provider agency under contract with the DDP.		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian	
<b>Provider Qualifications</b> (provide the following information for each type of provider):					
<b>Provider Type:</b>	License (specify)	Certificate (specify)	Other Standard (specify)		
The staff person providing the companion service will be an employee of the agency under		Qualified provider contracting with the DDP.	The DDP QIS will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training		

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contract with the DDP.			relating to the needs of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older. If transportation is required, the requirements outlined in ARM 34.37.967 and 34.37.968 will apply.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
DD service provider agency under contract with the DDP.	Initially, The DDP Regional Manager as part of the Qualified Provider Application Process. Ongoing- DDP QA Review Process, conducted by the QIS, for a sample review of compliance with the staffing requirements.		DDP annual QA review.
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	*      Provider managed

Service Specification	
Service Title:	Community Transition Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
*	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to a DDP waiver funded HCBS residential service. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute	

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room and board and may include:

- a. Security deposits required to obtain a lease on an apartment or home.
- b. Essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items and bath/bed linens.
- c. Set-up fees or deposits for utility or services access, including telephone, electricity, heating and water.
- d. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
- e. Moving expenses.
- f. Necessary home accessibility adaptations.
- g. Activities to assess need, arrange for and procure needed resources.

Community transition services are furnished only to the extent that they are reasonable and necessary through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Community transition services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes, such as television, cable TV access or VCRs

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is capped at \$3,000 per person, per transition.

#### Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	*	Agency. List the types of agencies:
				DD service provider agency under contract with the DDP for the provision of residential supports.
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian

**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
DD service provider agency under contract with the DDP for the provision of adult residential supports.	Group home, assisted living and foster home licensure site references are listed elsewhere.		Provider requirements for unlicensed residential sites would be found under the residential habilitation staffing requirements. This includes supports to persons in their natural homes, own apartments, or transitional living (supported living, congregate) apartments.

#### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
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DDP Service Provider Agency under contract with the DDP.	<p>PHHS Quality Assurance Division (QAD) for compliance with group home, foster home and assisted living licensing standards, if applicable.</p> <p>The DDP waiver funded service provider responsible for the HCBS placement, for meeting residential standards in unlicensed settings, and for verifying the standards in licensed settings. Also, for ensuring the conditions and terms of the Community Transitional Services Plan is carried out in accordance with the pre-authorized agreement.</p> <p>DDP QA Review Process, conducted by the QIS, to review compliance with the conditions of the community transitional services agreement. Were the agreed-upon goods and services purchased with funds allocated for this purpose?</p>	<p>QAD licensing status is reviewed annually in settings requiring licensure.</p> <p>DDP QIS staff annually review compliance with residential habilitation staffing standards, on a sample basis. Alternatively, the QIS will verify the licensure status of placements in foster homes, assisted living and group homes.</p> <p>The QA Review process is annual.</p>
<b>Service Delivery Method</b>		
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Residential Training Supports
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input checked="" type="radio"/>	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
<p><b><u>Residential Training Supports</u></b></p> <p>Residential Training Supports provides participants with specific, individually designed and coordinated training in a licensed adult foster home setting. The individual receives training to increase independence in health care, self care, safety and access to and use of community services. The individual plan of care, based upon the results of formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed.</p> <p>Each training objective is specified in the plan of care (IP) and is clearly related to the individual's long</p>	

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term goal and is not simply busywork or diversional in nature.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is intended for adults age 18 and over who reside in an adult foster home. This service cannot be used in conjunction with in conjunction with residential habilitation.

**Provider Specifications**

Provider Category(s) (check one or both):	*	Individual. List types:	*	Agency. List the types of agencies:
		Licensed adult foster care provider		DD service provider under contract with the DDP.

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	*	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
DD service provider agency employee	Residential training supports is reimbursable only in the of a licensed adult foster home.		The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of the individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Persons providing residential supports training will be 18 years of age.
Licensed adult foster care provider	MCA 50-5-101 through MCA 50-5-216		ARM 37.100.101 through 37.100.175 apply to licensure. In addition, The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including:

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			abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of the individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114, unless the trainer is a licensed adult foster care provider. The trainer will have had an acceptable criminal background check. Persons providing residential supports training will be 18 years of age.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DDP service provider agency employee under contract with the DDP.	DDP Regional Manager as part of the qualified provider application process.  DDP QA review process, conducted by the QIS, for a sample review of the staffing requirements for ongoing re-evaluation.	Prior to the initiation of a DDP contract.  DDP QIS staff reviews compliance with residential training supports QP standards, on a sample basis, annually.
Licensed adult foster care provider	PHHS Quality Assurance Division (QAD) for compliance with adult foster home licensing standards.  DDP Regional Manager as part of the qualified provider application process.  DDP QA review process, conducted by the QIS, for a sample review of the staffing requirements for ongoing re-evaluation.	QAD licensing study is annual.  Prior to the initiation of a DDP contract.  DDP QIS staff reviews compliance with residential training supports QP standards, on a sample basis, annually.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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## Appendix C-4: Additional Limits on Amount of Waiver Services

**Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

*When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; and, (f) how participants are notified of the amount of the limit.*

<input type="checkbox"/>	<b>Limit(s) on Set(s) of Services.</b> There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	<b>Prospective Individual Budget Amount.</b> There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i>
*	<p><b>Budget Limits by Level of Support.</b> Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i></p> <p>Persons served in Intensive Family Education and Support (IFES) and in “unconverted” Supported Living (SL) have cost plans based on an individual budget. Persons can pick and choose from the menu of waiver service options, subject to the approval of the planning team. The value of the cost plan is largely based on the historical amount awarded to the person, but subject to annual adjustment, or adjustments as needed based on changing needs. Recipients and or their families have broad flexibility and choice of services within the limit of the cost plan in these bundled service options.</p> <p>In a broad sense, the allocations for these flexible cost plans are based on the contract between the DDP and the service provider. The provider is responsible for serving a given number of recipients within the dollar amount budgeted for a specific service option code in the DDP contract. Recipients with the greatest service needs will receive the largest individual allocations.</p> <p>Additional short term (one year or less) funds are generally available via one time only crisis or discretionary grants from the DDP regional offices.</p> <p>In this “provider managed” environment, the dollar value of the service plan may or may not be shared with the service recipient as part of the planning process. This information is provided to recipients and families upon request.</p> <p>As the rates methodology project is fully integrated, the value of a cost plan will be shared with the family.</p>
*	<b>Other Type of Limit.</b> The State employs another type of limit. <i>Describe the limit and furnish the information specified above.</i>

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	<p>Persons currently served in “slot driven” service opportunities (e.g., a group home, day program and transportation) are allocated funding by service option code as part of the annual contracting process. The aggregate cost of services by service option code is capped by the contract, although additional funds can be made available for specific purposes, including client crises. Individual costs are based on the number of persons to be served and the funding allocated to specific service option codes as specified in the contract.</p> <p>Additional resources are made available for persons by reallocating resources. Conditions for the moving funds within a provider agency requiring DDP approval via a contract amendment are outlined in the contracting documents. In some cases, one time only grants are requested from the DDP to provide needed services, on a short term (not exceeding one year) basis.</p> <p>Methodologies for adjusting cost plans under the rates project are not fully developed at this time, but it is likely that changes will occur with current practices in adjusting cost plans.</p>
<input type="checkbox"/>	<p><b>Not applicable.</b> The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.</p>

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